

A040000001304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

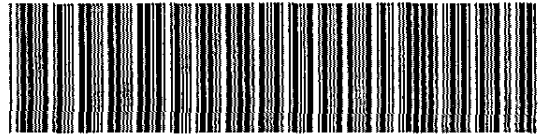
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/07--01040--015 **61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -9 PM 12:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ackerman-WCT Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mr. Don E. Ackerman

(Contact Person)

Chandelle Ventures Inc.

(Firm/Company)

24311 Walden Center Drive, Suite 300

(Address)

Bonita Springs, FL 34134

(City, State and Zip Code)

For further information concerning this matter, please call:

Don E. Ackerman

(Name of Contact Person)

at (239) 949-5160

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Ackerman-WCI Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 10, 2004, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

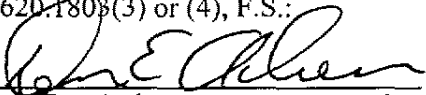
Business never commenced


SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:


Don E. Ackerman, President
of Ackerman-WCI, Inc.,
General Partner


Don E. Ackerman, Trustee of the
Don E. Ackerman Trust U/A/D
12/14/96, as smended and restated,
Limited Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 FEB -9 PM12:11